

# SIGN ME UP!

Please indicate which athletic programs, classes or workshops for which you'd like to register.

Resident fee only applicable to residential homes with a zip code of 22601.  
All other zip codes are considered non-resident. Verification of address may be requested.

## PLEASE PRINT

Adult's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency/Cell Phone: \_\_\_\_\_

<b>PARTICIPANT'S NAME</b>	
<b>BIRTH DATE</b>	
<b>AGE</b>	
<b>ACTIVITY NAME &amp; NUMBER</b>	
<b>ACTIVITY DATES &amp; TIMES</b>	
<b>CHILD'S SCHOOL</b>	
<b>PHOTO PERMISSION</b> <i>(Check one)</i>	I ___ give or ___ do not give permission to Winchester Parks & Recreation Department to take my child's photo for use only in park-related promotional material.
<b>SHIRT SIZE</b> <i>(T-shirts not offered for every program)</i>	YS      YM      YL      or      AS      AM      AL      AXL
<b>MEDICAL CONDITIONS</b>	
<b>INTERESTED IN COACHING?</b>	Y      N      Coach's contact information: _____

WAIVER FOR PARTICIPANT: I do hereby agree to allow the individual(s) named herein to participate in the aforementioned activities, and I further agree that the Winchester Parks & Recreation Department, program staff, and volunteers assume no responsibility for injuries while traveling to and from the place of play or while participating in an activity.

\_\_\_\_\_  
Participant's Signature (Parent/Guardian Signature if participant is under age 18)

\_\_\_\_\_  
Date